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S.D. SEC. OF STATE

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER Canistota Clipper		2. DATE 09/14/2021
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE $ 32 38
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) PO Box 128 Canistota SD 57012-0128		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) New Century Press,INC. PO BOX 28 Rock Rapids,IA 51246-0028		
6. FULL NAME OF PUBLISHER: New Century Press		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME: New Century Press — COMPLETE MAILING ADDRESS: PO BOX 28 Rock Rapids, IA 51246-0028		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	352	332
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies.	14	13
2. Mail Subscription (Paid and or requested)	302	280
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	316	293
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	0	0
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	18	18
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	334	311
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	18	21
2. Return from News Agents		
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	352	332

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

(Signature) general manager (Title)

State of South Dakota)
§
County of _____)

Sworn to before me this 14 day of Sept 2021

Jodie Hoogendoorn
Notary Public

My commission expires: 1-17-2023

(Seal)

Form: SOS RFC 051 8 2014

JODIE HOOGENDOORN
COMMISSION NUMBER 152759
MY COMMISSION EXPIRES
JANUARY 17, 2023